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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

18602-06513

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 23	Total Claims (37 CFR 1.16(j))	(B) 41	**** 18	=	x \$ _____ =	or	x \$18.00 = 324.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 8	* 5	=	x \$ _____ =		x \$84.00 = 420.00
Basic Fee (37 CFR 1.16(h))					\$ _____		\$ 740.00
Total Filing Fee					\$ _____	OR	\$ 1,484.00

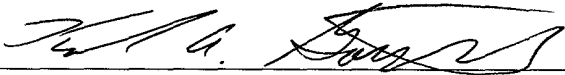
Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 41	MINUS	** 23	=	* = 18	x \$ _____ =	or	x \$18.00 = 324.00
Independent Claims (37 CFR 1.16(i))	*** 8	MINUS	***** 3	=	= 5	x \$ _____ =		x \$84.00 = 420.00
Total Additional Fee					\$ _____	OR	\$ 744.00	

- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
 ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
 *** After any cancellation of claims
 **** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).
 ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. _____ in the amount of _____.
 A duplicate copy of this sheet is enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
 A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ **PLEASE DEFER** to cover the filing fee is enclosed.

November 21, 2001
 Date


 Signature of Applicant, Attorney or Agent of Record

Kirk A. Gottlieb, Reg. No. 42,596
 Typed or printed name

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